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SEGRETARY OF STATE PIVISION OF CORPORATIONS

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# **COVER LETTER**

TO: Registration Solution of Con			
	A RESTAURANT PURCHASI	NG GROUP, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	George G. Pappas		
		Name of Person	
	Pappas Law & Title		
		Firm/Company	
	1822 N. Belcher Rd., Suite	: 200	
	_	Address	
	Clearwater, FL 33765		
	_	City/State and Zip Code	
	george@pappaspa.com		· · · ·
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
George G. Pappas		727 447-4999	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA RESTAURANT PURCHA	ASING GROUP, LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 02/05/2009	and assigned
Florida document number	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Foodservice Restaurant Partners Group FL LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
Principal office address MUST BE A STREET		
Trincipui Office unaress MOST DE ASTREET	ADDRESS)	
Enter new mailing address, if applicable:	<del> </del>	
Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or	registered office address on our records, ent	er the mane methe ne
registered agent and/or the new registered offic		77 873
		20 A.A.
Name of New Registered Agent:		23
Hame of from Registered Figure.		2 29
New Registered Office Address:		A POR ST
	Enter Florida street address	- AR
	, Florida	<b>A</b> 35
	City	Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than if an effective date is listed, the da Note: If the date inserted in t document's effective date on	his block does not mee	et the applicable	te of filing or more than statutory filing requi	<b>(optional)</b> 190 days after filing.) Pu rements, this date wil	rsuant to 605 I not be liste	i.0207 (i ed as tl
ne record specifies a del The 90th day after the	ayed effective da record is filed.	te, but not ar	effective time,	at 12:01 a.m. on	the earlie	er of:
Dated January 9		2018				
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	/] / /I				<del>20</del>	44.4
-/-6	Signature of a rae	Thber or authorized	1 representative of a me	ember	<u> </u>	<b>Z</b>
George G. Pappas	$\mathcal{U}$	phber or authorized	d representative of a mo	ember	FE8 23	SION 8

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Filing Fee: \$25.00